

Death Benefit Request



Hartford Life

Group Number:		Plan Name:		
Participant's Full Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:	
Participant's Address:				
City:		State:	Zip:	
Date of Hire:	Adj. Date of Hire:	Years of Service:	Vesting Percent:	Date of Death: (Attach certified copy of Death Certificate.)

A. BENEFICIARY INFORMATION

Name:		Date of Birth:	Social Security Number:	
Mailing Address:			Relationship:	
City:	State:	Zip:	% Share: _____ (If less than 100%, each beneficiary must complete a request.)	

B. METHOD / AMOUNT OF PAYMENT (Please also complete **Withholding Authorization Form**.)

Certain restrictions apply to a non-spouse beneficiary.

1. Annuity Purchase Amount \$ _____ or ☐ Entire Vested Account Balance Start Date _____
(Please allow at least 4 weeks.)

☐ Survivor Annuity ☐ 100% ☐ 66 2/3% ☐ 50%

Survivor Annuitant Name: _____ SS# _____

Date of Birth: _____ Relationship: _____

☐ Ten Year Certain and Life Annuity** ☐ Life Annuity Other _____

** Beneficiary Name: _____ SS# _____

Date of Birth: _____ Relationship: _____

2. ☐ Cash \$ _____ or ☐ Entire Vested Account Balance

3. ☐ Defer to a future valuation date

C. DIRECT ROLLOVER (Eligible to spouse **only**.)

☐ Entire Vested Account Balance or \$ _____

Type of Plan: ☐ IRA ☐ Qualified Plan

Check payable to: (Plan Name) _____ Account #: _____

Mail check to: Name: _____

Address: _____

D. BENEFICIARY REQUEST

I hereby request that payment be made to me as indicated above. I have received the Special Tax Notice Regarding Plan Payments. I understand that if I am the surviving spouse and I do not rollover 100% of the taxable portion, there may be mandatory 20% Federal Income Tax withholding from the taxable portion of my distribution that I did not rollover. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on page 2.

Beneficiary's Signature _____

Date _____

E. PLAN ADMINISTRATOR OR REPRESENTATIVE AUTHORIZATION

(Required before submitting form to Hartford Life for processing.)

You are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge.

Plan Administrator's Signature _____

Date _____

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."